			18			UBLIC HEALTH AND SOCIAL		V	
Dement			EATING			DE ENVIRONMENTAL HEALT TABLISHMENT / FOOD E	112112111		// mes
TIES	Liio	Y FA	AVATORY	IES and L	the state of the same	SPECTION REPORT	-UIADLIGIT	m	6/1/14 300
REAS	SON	ושם,	GRADE	Inspection		ESTABLISHMENT NAME:		שונפ, פטעחט ע	I Approved su
Regular		<u> </u>	32	3/27/	/6	CHODE	la labeled	ainer Proper	2 Onemal cont
Follow-Up Complaint	100		nicolo-liez	Time In	Time Out	OWNER/OPERATOR:	PORATE	azardous f 🔼	POUP PROTECTION
Investigati		essu i	RATING	3:10	8100	LOCATION: LUT 2 BLOCK !		nent Type:	o requirements
Other:			0	Sanitary P	ermit No.:	ALANA CU 9th		PACTU	RESIDE
- 73		. 7571 414	LACU					mporary _	Expired
						operations and facilities which mi may result in downgrading or perm			
request for				itted before th	he indicated	correction date	d properly thavie	e con eucopies a	The second of the second of
ITEM*	A	59	sures/faciliti	Maria Carlos Sido	MARKS	re-se veu 4 1 2	zarduys food not	DEMERIT	CORRECT BY
	K	KE	BULK	MSP30	nan m	S CANDUCTED ANTH	is day	s Sunna uni	8 Foos protec
	P	190	DAG	MADUK	NOT NO	1.16-0241 REGAR	DW6	o has bon	in pollbasti 9
	F	000	INDR	INIC CO	OLDARS	POUD MARTION !	sing utensils m	(e2) daspe	10 In useroge
	15	200	ZERS	IN KIT	WEW,	FOUR NOT PROPER	H GUREY	and the st	Zarwio-7127
	CA	V2Re				NT MARK HAVE PR	DER DOOD	ed and these	12 Hands was
	17	201	7-1		- Transition	SLIPPERS, SAMETH	AVE NO	s, nair regur	13 Clean clean
1 0 1	Lh:	20เกร	74 (12)	_	_	200 IN WARM TO	ين بي درين درني المارية بين كرني د	TERA TERESI	inition and the control of the contr
	<u> </u>	1 0		115 4	120 - AMILION	0.6 _10.6 _ 1 _ 0.672	em The	Denter 1981	constructed
		me	MINES	ENI EIZ	197.1.11	BUT SPM; THERE	7/6		
= 2	D	UU	TAKIH	AVE N			WITHEW,	maintained	enstructed
3	2	Mis	VEND	198 DDI		= PEXINTS TO MAK	E TOUR	raamiio f n	Viarewasht.
5	N	MT	SOND	47-1715	GORE	20 39 Opping	nemical test kits	: Lastemons	dt atsstenna
	P	4511	ions in	19/1307	an con	DUCTORD'AN 4 17/1	5/2/A	1 kor i paus	and uses, (
] ' <u>'</u> ' <u>'</u>	P	PLZV	rems v	LOVATIO	N WK	CONFECTED!	TIUSH O CURPE LOT	ocidware: D.	15 Tableware
	17	15		ING N			ADSIERVE	nse ciea.	Sentition 5
La M		7 kn me	ances, Prop	ry toxic subst	niyanecessa	or recusing the local substitution of the lo	me equipment	า อามะอฮุ่งอาก	כסווכפחורםת
150	\mathcal{C}	hen	201120	allerie	0 666	C. CANICALLY IDAIN	Ode M	6	11111
11-2	Y	16/21	THAN C	beer	Under De Kork	- LOTHAD AT D	DODOO	d apragayes; f	6/6/10
	PW	1000	1/	MICHELL AND	WINC	DINT THUS AT F	WALL TO SERVICE	S Jenne 1961.	a ndol-lighti- 64
	•	UU.) HW	100 10	MINER	TIVIZES IBMPELLAS	URES AR	a to anii br	23 kept clean
3	K	77	ollaw,	neation from	umolete sep	Futerists 2	n exulpment and	e: to gnilbr	24 Storage, he
سغد	6	HER	150 6	105 18	27010	F/96.17	4UKST-5	Marie Sannie I	VESTIGINE CS
2 1	M	AM	- 50	inen brop.	Main Plineal	S PAN B	OHEVEN	WINGS-	554
	P	KO	N- 54	Mattenakt tin	NEDVIO	oressure 1 to 1 DOCU	בחל כסולו שהלבו	od stag en	27 IWares sou
[[8]	91	W4	WCE 5	DE	מכפים יתום	6 42 p	Secus	il talswatzeV	25 Sewage &
I have rea				the above	violation(s) and I am aware of the co		ures that I	must take.
*Note:	Wh	en a	ny of the f	ollowing ite	ems are	Received By (Name & Title):	mined, sorted	istalied main	25 Designed, in
			•	e corrected		Melyou M	W Ze Gnoridis	ection, back	30 Cross-Conn
		_		spection: 9 3), (30), (41		DEH Inspector (Name & Title	is ban	+ 1/-	<
(1)(7)	(, , ,	, ,	/, \-· // \-·	- VI (VI ()	. / - (10).	TOROL IDHOI TO	1. GAR	CILFA	d Mu

Demeri

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT** TROPER MOTAVALIBLE SAID LINE PACIFICES

REASON		GRADE	Inspection Date: ESTABLISHMENT NAME:						
Regular	1/	-	5/27/16	CHODE	alner, Prope	C Challins con			
Follow-Up	bild a bac	132 · · · · · · · · · · · · · · · · · · ·	Time In Time Out		-10-1-	-0-07110000			
Complaint		, cicen, toili	3:10 PM 6:00	CHOPE, 114COM 9CH 14D	azardous loc	(all entre per			
Investigati Other:	on	RATING	Sanitary Permit No.:	LOCATION: AGANA, GY Establishm	ent Type:	=D values			
Other.	-	080	20000-10002912		nporary	Expired			
			ons found this day in the	operations and facilities which must be corrected t	y the next in	spection,			
			V3 10 10 115	may result in downgrading or permit suspension. T	o appeal, a v	vritten			
ITEM*	nearing in	iust de subm	itted before the indicated	Devias-91 ion bool auto-est	DEMERIT	CORRECT BY			
	THE	SHEUE		FECTIVED AT 10:00am	וכון מענזהם ג	Service profes			
	17/2	7110 As	ID WAS STIRE						
1.	ATT		EUPERATURE!		Seto lesi &	Doorsal of CT			
			BY DEH M						
2	Au		MEAT PRODU		tal and class	Managara Si			
	AT	14.16-0.46	ER TEMPOH		Am Libert 4.	and annier or			
1 2	Kin		Fagar book about rage	s properly idealaned.	NATURE DES	in solution			
	MI	PITTON		ANDONS FOOD STAN PA	Deciminate	naton itutino			
2	100	7474		OR 140° FOR APPORT TO	מייים בי בי בי	45 constucing			
	DRO	TTIGN	THE PERSON ASSESSED FOR THE PERSON ASSESSED FOR	OF PARTERIA	d tacilules	ittenweet/			
	717	1 0 1 - []	no cho loi il c	SE 1	at hat again				
14/7	M) -	THORN	MIRTORE +	PENIDED IN CHILLUNTIS	auge (Ck	6/26/16			
- ZH 0/	MITO	F2231	es lilto	e-ilusheu. scraper. scraper	n alewyor	TE IOWEIUS			
	THE	MONATE	TORS CHANIZ	BE PROVIDED TO MONTING	THE STATE OF STATE	Registants 2			
l te	TEUL	2008/1V	RE ATHE	WITTS	a insoln a chi	el China annu			
	1014	one testa lo	emises inaintained, free			ndme a second			
48	\$000r	INI FO	1200 W	THE MAT PROPERTY OF	Spring to	C Pead conta			
410	SASID	21247	ED AND PA	ATT-TATO examination	s forest on	25 Kept clear			
The state of the s	KINI	> 81+2M	LANG SEDA	10 ATED AND ORCANITION	nanna et cie	24 Streage, 15			
	17)	De la la	J CONST	OUTHOUNATION.	Ce alticies:	∧195 albiti≒[52			
2		y stored	dealtSoiles Inen properly	CS SHICLES SHOW THE PLANT OF		9-11- G. C.			
\$3	Nece	OU ION	2 BUR OUS	75/ WARRING 9 100509	ce sale no	158 1675 VV VV			
-4\ _	ANY	DW (MIR RECTOR	MITS GEORGE	1976wetee/	å epsws2 82			
I have rea	ad and L	inderstand	the above violation	(s) and I am aware of the corrective meas	* * * * * * * * * * * * * * * * * * * *				
			ollowing items are	Received by (Name & Title)	istalied, mai	i lualitatura (CC			
			e corrected within	Miles // Tu	eation, peck	30 Chass-Upne			
			spection:	DEH Inspector (Name & Title):	tot M				
(1), (3),	(11); (12	2); (27); (28	3), (30), (41) & (45).	TIRIS POHI PILLINES LOPE	214	St 1/4			

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT INSPECTION REPORT

REAS	SON /	GRADE	Inspection	Date:	ESTABLISHME	NT NAME:			
Regular	V] - ·	5/27/	6	ChoDE		rly labeled	and Prope	2 Driginiii con
Follow-Up	Aug s pin	11212mg	aTime In .	Time Out	OWNER/OPER		NEC Dans		The second of the second
Complaint		dean, foili	3:10	8:40	ChoDE,	INCORPORA		OL PUODISSE	FORMUSAN
Investigati Other:	on	RATING	Sanitary Pe	mit No.:	LOCATION:	7 9TH SI	Establishm MAPU	ent Type;	
		0	20000-	1002914	PERMIT STAT			nporary _	Expired
9.7					operations and fa	cilities which must		•	C. C. WELL PART LAND R. THOUGH S.
1				T O 14 G G _ 11 G	The Control of the Co	grading or permit :	suspension, To	o appeal, a v	vritten
ITEM*	nearing m	UST DE SUDITI		MARKS	correction date.	Daviez-ei lun	Cardous 1820	DEMERIT	CORRECT BY
	AUE	EMPLEN			NETTERTE	F PERSON	H	וסט מתנווים ב	707014 20091
					VENT DA		nas OF	of Dns Sos	le antière de la constant de la cons
	KIND	or sther ani	Direction to the	olected No	gi I S	property stered	ising crensils i	nosit (sei å	boot say mil 01
-	be	ina itsala n	ועכופת לופ חב	ten C enem	a a				The State of
121	MUI	TIPLE			THIS OPPC	220100 /	ged hye	5 J	6/26/1
617	bose		11 TAM			170570 IN	61111	Uco u llotti, c	
2	COANT		2 COLV		0 18	De lo	S RIODSTV. RES	THA TIAE	Pasa In a minor
1	MIL				APPALL BE	E CATALORNO	A DIRECTION	de ir Tuien.	perputienas/
7 2	CANI		-		TO ENG		Unstalled	maintaine	epin manap di
	405		TATE OF THE PARTY		PE 1158.	7 7 7	lesigned cons	(seithless p	ideswebi
E 2	7(100	01010	7	UE OULENS	38	hate non l		er ban Land on a	the type of a control of the control of
11995	(X39)	BRUET.	WASH	7116 N	MEUTINE	PIPE VO	ATEN	0	6/6/14
S }-	ATT	NE GU	TE OF T	WG B	2 2 2 2 1	MENT KI	MININE	ATOWNSON	PA SMB CAN DI
100	WAS	TEWAT	BLTO	DRA	10 DIRTE	174,400	apails)	inse clean	On Sanutzing
a	Societ	201120	POOLL	80175	WACATEL	MER NE	对了	IDSDQXB-21	DELCHCH 190
1	70 F	notion	inteined, free	remises ma		d utensils:	equipment an	t surfaces c	Ehros brieff
	WAG	TENA	TER 9	HKU/	ME DAZI	PERLY (1 Janocas	0	Jay Apelo
	19) V	YN AF	PARONE	Ding	EWHOLE	Majo	niammants	olio bell ce	23 kept clean
	Бинд	living & slee	caretion from	ompiele se	2	disnsib bno	in equipment	nghus at cle	124 Small In
1339	1/10	SELF.	-CLEGU	56 M	20165 C	OCKTEVO.	AT POTT	14	6/20/16
2	000	RETUR	PANCE	33; CA	PATERON	TENTERN	re lappe	Townships () token or that	SEVAW
	90,	FOUS	ING DA	ENGE	SHALLP	E INGTAL	(BD) IN	ON 19166 NO	CELAN / CE
	aspe	270	RELEX	IT PIST	ST FROM	1 20102	NG	Vastewater	28 Stwone 6
I have rea	ad and u	nderstand	the above	violation(s) and I am aw	are of the corre	ctive measu	res that I	must take.
		-	following ite		Received By (N	lame & Title).	election in the state of the st	nstalled ma	29 Designed, I
cited a		•	e corrected		Aleria	XG (2)	Del.	recitor, park	III Diess on
(4) (0)-	-		spection:		DEH Inspector	(Name & Title):	1/ 5001Ar	71/6	1
(1), (3),	(11)7(12	2), (27), (2)	3), (30), (41) & (45).	T- 1 Pen	- 00140 1 77	- 101		EDO MA

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH** EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT INSPECTION REPORT REASON GRADE ESTABLISHMENT NAME: Inspection Date Regular Time Out OWNER/OPERATOR: Follow-Up Time In Complaint 8-00 Investigation RATING Establishment Type Other: RERMIT STATUS: Valid Temporary Expired The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date. ITEM* REMARKS DEMERIT CORRECT BY I have read and understand the above violation(s) and J am aware of the corrective measures that I must take. *Note: When any of the following items are Received By (Name & Title): cited above, they shall be corrected within 2 10 days of this inspection: (1), (3), (11), (12), (27), (28), (30), (41) & (45).



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM P. O. BOX 2816 **HAGATNA, GUAM 96932**



	Date: 527/16
_	11.000
	NOVE.
Na	ne of Establishment
a result 6	f this inspection, your establishment received a:
LETTE	R OF WARNING (Dement/Grade Points)
us inq ins	be you have corrected all violations cited on your establishment's inspection report, you must provide a written request for re-inspection to include a description of the corrective measures that you have obtained. If we do not receive a written re-inspection request from you, we will conduct a follow-up pection after ten (10) Government of Guam working days from the official receipt of this notice to sure that corrective measures have been taken.
	lure to correct violations may result in the closure of your establishment pursuant to section 21109(b) 10GCA, Chapter 21.
NOTI	CE OF CLOSURE
	(Dement/Grade Points)
us un	ce you have corrected all violations cited on your establishment's inspection report, you should provide a written request for re-inspection to include a description of the corrective measures that you have plemented. Unlike an establishment who has received a letter of warning, an establishment shall nain closed unless a written request for re-inspection is made. Under 10GCA §21109(b), you may

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7215 or (fax) 734-5556. Si Yu'us Ma'ase.

request a hearing within five (5) Government of Guam working days of the date of this notice.

Sincerely,

PARITAMES W. GULAN
Director